CODE	QISMC DOMAIN 1 QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT —Note to CMS Reviewers: M+CQROs to review QAPI Projects. Before using this section of the guide please contact the Plan Manager to see what needs to be reviewed.
QI 01 ~~New Element~~	**The M+CO ~~Organization~~ conducts performance improvement projects that achieve, through ongoing measurement and intervention, demonstrable and sustained improvement in significant aspects of clinical care and non-clinical services that can be expected to have a beneficial effect on health outcomes and enrollee satisfaction. 42 CFR 422.152(b)(2), QISMC requirement 1.1.2** **[ ] MET [ ] NOT MET [ ]NOTE**
QI 02 ~~New Element~~	~~The M+C Organization measures its performance, using standard measures established or adopted by HCFA. *(For 1999, will report on standard measures to include HEDIS, CAHPS, and HOS.)*~~ **The M+CO measures its performance, using standard measures established or adopted by HCFA (for Medicare) and reports its performance to the applicable agency. 42 CFR 422.152 (c)(1), QISMC requirement 1.2.1** **[ ] MET [ ] NOT MET [ ]NOTE**
QI 03 ~~New Element~~	~~The M+C Organization achieves required minimum performance levels, as established by HCFA, on standardized quality Performance Levels. The organization achieves any minimum performance levels that may be established by HCFA with respect to the standard measures. *(This standard will be addressed in 2001, following selection of minimum performance levels in 2000.)*~~ **The M+CO achieves required minimum performance levels, as established by HCFA (for Medicare) on standardized quality measures.** **42 CFR 422.152(c)(2),QISMC requirement 1.2** **[ ] MET [ ] NOT MET [ ]NOTE**
QI 04 ~~New Element~~	**The M+CO ~~Organization~~ corrects significant problems that come to its attention through internal surveillance, complaints, or other mechanisms. 42 CFR 422.152(d)(9), QISMC requirement 1.1.3** **[ ] MET [ ] NOT MET [ ]NOTE**

MOE QI 01-04	For these standards, an M+CO ~~Organization~~ is expected to: 1. Carry out individual projects to undertake system interventions to improve care. 2. Monitor the effectiveness of those interventions. 3. Continuously monitor its own performance on a variety of dimensions of care and services for enrollees. 4. Identify its own areas for potential improvement. 5. Take timely action to correct significant systematic problems that come to its attention through internal surveillance, complaints, or other mechanisms.
	PERFORMANCE MEASUREMENT
QI 05 **~~New Element~~**	**The M+CO ~~organization~~ meets any goals for performance improvement on specific measures that may be established for that particular organization by HCFA.** **42 CFR 422.152 (c), QISMC requirement 1.2.3** **[ ] Not Applicable [ ] MET [ ] NOT MET [ ]NOTE**
MOE QI 05	Performance measurement areas relevant to HCFA monitoring include (but are not limited to): **Review:** 1. Quality of care provided by an organization and the degree to which it meets established standards for preventive care or the care and treatment of certain health conditions. (HCFA CO staff will be reviewing relevant data including HEDIS and will work with RO staff in making this determination) 2. Organization assurance of access and appropriate utilization of services 3. Measures of beneficiary's satisfaction with the care provided. (Source: CAHPS data and M+CO individual enrollee surveys. Performance measures specified by HCFA may be contained in standardized national data collection and reporting instruments such as HEDIS and CAHPS. HCFA, in advance of each contract year, will decide on the measures for which reporting will be required and will notify organizations of those measures.)

PERFORMANCE IMPROVEMENT PROJECTS

~~**NOTE: Review of the degree to which M+COs have satisfactory met the QAPI requirements under Domain 1 will not be reviewed until July 2000.**~~

QI06 ~~**New Element**~~	**The M+CO must ensure that projects conducted under the organization's QA program address and achieve improvement in major focus areas of clinical care and non-clinical services.** **42 CFR 422.152(d) QISMC requirement 1.3** **[ ] MET [ ] NOT MET [ ]NOTE**
MOE **QI 06**	Note: Quality improvement projects additionally must focus both on mental and physical conditions and their care, and on all clinical and non-clinical areas addressed in standards 1.3.4 and 1.3.5. **1.3.4 Clinical Focus Areas (QAPI project areas)** **Clinical focus areas applicable to all enrollees are as follows:** **1.3.4.1 Primary, secondary, and/or tertiary prevention of acute conditions;** **1.3.4.2 Primary, secondary, and/or tertiary prevention of chronic conditions;** **1.3.4.3 Care of acute conditions;** **1.3.4.4 Care of chronic conditions;** **1.3.4.5 High-volume services;** **1.3.4.6 High-risk services; and** **1.3.4.7 Continuity and coordination of care.** **Non-clinical focus areas applicable to all enrollees are as follows:** **1.3.5.1 Availability** **1.3.5.2 Accessibility** **1.3.5.3 Cultural competency of services (see also Standard 3.1.5)** **1.3.5.3 Appeals, grievances, and other complaints** **Review:** **Definition**: A project is an initiative by the organization to measure its own performance in one or more of the focus areas described in 1.3.4 and 1.3.5, undertake system interventions to improve its performance, and follow-up on the effectiveness of those interventions. Assessment of the effectiveness of an organizations QAPI program will include:

	1. A review of individual performance improvement projects to assess the methodological soundness and appropriateness to the needs of the enrolled population 2. A determination as to whether performance improvement projects are outcome-oriented, 3. Projects must achieve demonstrable, sustained improvement in care and services. In the first two years, review will focus on whether an organization has initiated performance improvement projects. **Definition:** Initiation of a performance improvement project is defined, for purposes of these standards, as occurring when a project has progressed to the point of active collection of baseline project indicator data. ~~(*Note to reviewers: A detailed review and summary of findings relative to the final outcome of the QAPI projects will be conducted by a set of PROs under contract to HCFA. It is not expected that monitoring of this activity will occur in 1999; however, Regional Office staff should possess a basic understanding of the essential elements of QAPI project design and their expected outcomes as determined by the M+C regulation and QISMC Standards and Guidelines.)~~
QI 07 ~~**New Element**~~	**The M+CO must achieve demonstrable improvement on its project. A project will be considered to have achieved demonstrable improvement in a focus area during any review year in which an improvement meeting the minimum thresholds of standard 1.4.4 is attained.** **42 CFR 422.152 (c),QISMC requirement 1.3.1.3** **[ ] Not Applicable [ ] MET [ ] NOT MET [ ]NOTE**
QI 08 ~~**New Element**~~	**The M+CO must ensure that it begins its project review year on a date established by HCFA. All subsequent review years begin on the anniversary of the beginning of the first review year.** ~~**Note that review years are not defined in terms of the dates on which reviews by HCFA are actually conducted.**~~ **42 CFR 422.152 (b) ,QISMC requirement 1.3.1.4** **[ ] MET [ ] NOT MET [ ] NOTE**
QI 09 ~~**New Element Revised from 9/98 version of QISMC**~~	**Phase-in requirements for an organization contracting with Medicare or Medicaid but not both:** **By the end of the first review year, the organization has "initiated at least two projects addressing two of the focus areas specified under standard 1.3.4 and/or 1.3.5. For an organization contracting with Medicare, one of those projects relates to a topic and involves quality indicators chosen by HCFA.** **OPL 98-72, QISMC requirement 1.3.2.1/1.3.2.1.1** **[ ] Not Applicable [ ] YES [ ] NO [ ] NOTE**
MOE **QI 07-QI 09**	Note to QI 07: It is not expected that a project initiated in a given year will necessarily achieve improvement in that same year. ~~Beginning **January, 2000**~~ Reviewers will assess the following: 1. The organization has selected a particular aspect of care for performance measurement

	2. The organization has identified the statistical indicator or indicators that will be used 3. The organization has begun the process of collecting the data needed for an initial assessment of its performance on the indicator(s). ~~Review for the first year will therefore focus on compliance with standards 1.4.1 through 1.4.3~~ **~~[check against actual QISMC standards~~**~~].~~

~~QI10 New Element~~ **~~Revised~~** ~~from 9/98 version of QISMC~~	**~~Requirement for an organization contracting with both Medicare and Medicaid: (Effective in 2001)~~** **~~By the end of the first review year after the two-year phase-in period, and each subsequent review year, at least three of the M+CO's projects have achieved demonstrable improvement in three of the focus areas specified in 1.3.4 and/or 1.3.5. One of those projects has related to a topic and involved quality indicators chosen by HCFA. The second project has related to a topic and involved quality indicators chosen by the organization itself. The third project has related to a topic and involved quality indicators chosen either by the State Medicaid agency or the organization. OPL 98-72, QISMC requirement 1.3.2.2/1.3.2.2.1/1.3.2.2.2~~** ~~Note: An organization must improve the quality of care provided not only to the greatest number of its enrollees but also to those enrollees who, while perhaps not great in number, are those in greatest need; e.g. specially vulnerable populations such as the mentally ill, children with special health care needs. For this reason, the managed care organization will be required to assure that the chosen topic areas for quality improvement projects are not limited to only recurring, easily measured subsets of the health care needs of its enrolled population; e.g. primary preventive care of adults, high cost care of adults. Quality improvement projects additionally must focus both on mental and physical conditions and their care, and on all ten clinical and non-clinical areas addressed in standards 1.3.4 and 1.3.5, before it can return to one of these focus areas.~~ **~~[ ] Not Applicable [ ] YES [ ] NO [ ] NOTE~~**

~~MOE QI10~~	~~Note: An organization must improve the quality of care provided not only to the greatest number of its enrollees but also to those enrollees who, while perhaps not great in number, are those in greatest need; e.g. specially vulnerable populations such as the mentally ill, children with special health care needs. For this reason, the managed care organization will be required to assure that the chosen topic areas for quality improvement projects are not limited to only recurring, easily measured subsets of the health care needs of its enrolled population; e.g. primary preventive care of adults, high cost care of adults. Quality improvement projects additionally must focus both on mental and physical conditions and their care, and on all ten clinical and non-clinical areas addressed in standards 1.3.4 and 1.3.5, before it can return to one of these focus areas.~~ **~~1.3.4 Clinical Focus Areas (QAPI project areas)~~** **~~Clinical focus areas applicable to all enrollees are as follows:~~** **~~1.3.4.1 Primary, secondary, and/or tertiary prevention of acute conditions;~~** **~~1.3.4.2 Primary, secondary, and/or tertiary prevention of chronic conditions;~~** **~~1.3.4.3 Care of acute conditions;~~** **~~1.3.4.4 Care of chronic conditions;~~** **~~1.3.4.5 High-volume services;~~** **~~1.3.4.6 High-risk services; and~~** **~~1.3.4.7 Continuity and coordination of care.~~** **~~Definitions:~~** ~~Primary prevention consists of preventing a disease from occurring by reducing an individual's susceptibility to an illness; e.g., immunizations are a form of primary prevention.~~ ~~Secondary prevention takes place once an individual is already afflicted with a condition (e.g., hypertension, asthma, or uterine cancer) but through secondary prevention (taking of medications, use of a peak flow meter, early detection) the effects of the condition can be controlled or prevented.~~ ~~Tertiary prevention is applicable when an illness has already caused disability, but the disability can be reduced or prevented from worsening; e.g. early treatment and rehabilitation of stroke victims.~~

MOE QI10 Cont.	**Definitions, Continued** Continuity and coordination of care address the manner in which care is provided when a patient receives care from multiple providers and across multiple episodes of care. Such studies may be disease or condition-specific or may target continuity and coordination across multiple conditions. For example, an organization could assess the extent to which care is coordinated across primary care providers and mental health providers subsequent to a discharge from an inpatient psychiatric facility. **1.3.5 Non-clinical focus areas (for QAPI project areas).** **Non-clinical focus areas applicable to all enrollees are as follows:** **1.3.5.1 Availability** **1.3.5.2 Accessibility** **1.3.5.3 Cultural competency of services (see also Standard 3.1.5)** **(Reviewers Note: The above non-clinical focus areas are also items addressed in Health Services Delivery and are monitored under Domain 3. they are discussed here only in the context of design and conduct of QAPI project activities.)** Projects in this area should focus on assessing and improving the accessibility of specific services or services for specific conditions, including reducing disparities between services to minorities and services to other members (see also standard 1.4.4.1.4). **1.3.5.2 Interpersonal aspects of care, e.g., quality of provider/patient encounters (as a focus of QAPI projects)** **Definition:** the management of the social and psychological interaction between client and practitioner, including the milieu, manner and behavior of the provider in delivering care to and communicating with the patient, and address such concerns as: **Activities to be assessed in a QAPI non-clinical study may include:** 1. Does a practitioner take sufficient time with the patient to explain an illness and answer questions? 2. Is the patient examining room/physician office clean, comfortable and easily accessible? 3. Does the patient have to a long waiting in the office before seeing a provider? Source: Assessment of interpersonal aspects of care can be addressed through use of consumer surveys such as the CAHPS survey. **1.3.5.3 Appeals, grievances, and other complaints (as focus of non-clinical QAPI project)** Projects related to the grievance and coverage determination processes may aim either to improve the processes themselves or to address an underlying issue in care or services identified through analysis of grievances or appeals. For example, an organization with a high rate of grievances not resolved until the third or fourth step in its grievance procedure might focus on how grievances are addressed in the initial phases of the process. An organization with a high rate of grievances related to one particular type of service might instead focus on improvements in access to or delivery of that service.

QI 11 **~~New Element~~**	**The M+CO conducts all projects required by HCFA (for Medicare) that are specific to the organization and that relate to topics and involve quality indicators of HCFA's or the State Medicaid agency's choosing.** **42 CFR 422.152(d)(6),QISMC requirement 1.3.6/1.3.6.1** **[ ] MET [ ] NOT MET [ ]NOTE**
QI 12 **~~New Element~~**	**~~The M+CO does not participate in collaborative projects without HCFA approval.~~** **Collaborative projects. Organizations may satisfy the requirements of standards 1.2.2 and 1.3.3 by collaborating with one another, subject to the approval of HCFA. OPL 98-72, QISMC requirement 1.3.6.2** **[ ] YES [ ] NO [ ]NOTE** ~~Note: For Medicare, PROs are not only the convening structure for national performance improvement projects, but they are also a regional presence for convening local collaborative performance improvement projects. These standards would not preclude such collaborative efforts under Medicare and the use of PROs for collaborative efforts. However, any such initiative would need to be individually evaluated and approved, and HCFA would establish criteria for assessing the extent to which each organization's participation constituted compliance with these guidelines.~~
MOE **QI 12**	Note: For Medicare, PROs are not only the convening structure for national performance improvement projects, but they are also a regional presence for convening local collaborative performance improvement projects. These standards would not preclude such collaborative efforts under Medicare and the use of PROs for collaborative efforts. However, any such initiative would need to be individually evaluated and approved, and HCFA would establish criteria for assessing the extent to which each organization's participation constituted compliance with these guidelines.
QI 13 **~~New Element~~**	**The M+CO must demonstrate that it achieves improvement on multi-year review projects. If a project is conducted over a period of more than one review year, the project will be considered as achieving improvement in each year for which it achieves an improvement meeting the requirements specified in standard 1.4.4** **OPL 98-72, QISMC requirement 1.3.7/1.3.7.1** **[ ]YES [ ] NO [ ]NOTE**
MOE **QI 13**	Review documentation of HCFA approval of multi year project.
QI 14 **~~New Element~~**	**The M+CO must ensure that its projects contain the necessary attributes of Performance Improvement Projects.** **42 CFR 422.152(d), QISMC requirement 1.4** **[ ] MET [ ] NOT MET [ ]NOTE**

MOE QI 14	**Assess for the following:** 1. identification of an aspect of clinical care or non-clinical services to be studied 2. specification of quality indicators to measure performance in the selected area 3. collection of baseline data (data sheets, computer database) 4. identification and implementation of appropriate system interventions to improve performance 5. repeated data collection to assess the immediate and continuing effect of the interventions and determine the need for further action.
QI 15 ~~**New Element**~~	**The M+CO must demonstrate that it selects a specific topic or topics to be addressed by a project, within each required focus area.** **42 CFR 422.152(d)(1)QISMC requirement 1.4.1** **[ ] MET [ ] NOT MET [ ]NOTE**
QI 16 ~~**New Element**~~	**The M+CO must demonstrate the topics are identified through continuous data collection and analysis by the organization of comprehensive aspects of patient care and member services.** **42 CFR 422.152(d)(1),QISMC requirement 1.4.1.1** **[ ] MET [ ] NOT MET [ ]NOTE**
QI 17 ~~**New Element**~~	**The M+CO must demonstrate that topics are systematically selected and prioritized to achieve the greatest practical benefit for enrollees.** **42 CFR 422.152(d)(1)(iv),QISMC requirement 1.4.1.2** **[ ] MET [ ] NOT MET [ ]NOTE**
QI 18	**The M+CO must demonstrate that selection of topics takes into account: the prevalence of a condition among, or need for a specific service by, the organization's enrollees; enrollee demographic characteristics and health risks; and the interest of consumers in the aspect of care or services to be addressed.** **OPL 98-72, QISMC requirement 1.4.1.3** **[ ]YES [ ] NO [ ]NOTE** ~~(NOTE: The QA program's project selection process must explicitly take into account quality of care concerns identified by an independent external quality review organization, such as a PRO. While it is not expected that each such concern will be addressed through a formal QAPI project meeting the requirements of these standards, the organization should be able to show that issues raised by these organizations were considered in the formulation of its QA program agenda and that alternative remedial action is taken in cases for which a QAPI project is not initiated.)~~
MOE QI 18	(NOTE: The QA program's project selection process must explicitly take into account quality of care concerns identified by an independent external quality review organization, such as a PRO. While it is not expected that each such concern will be addressed through a formal QAPI project meeting the

16 -18	requirements of these standards, the organization should be able to show that issues raised by these organizations were considered in the formulation of its QA program agenda and that alternative remedial action is taken in cases for which a QAPI project is not initiated.) **Prioritizing topics:** **I**n general, a clinical or non-clinical issue selected for study should affect a significant portion (or a specified sub-population of) of the organization's Medicare enrollees and have a potentially significant impact on enrollee health, functional status, or satisfaction. There may be instances in which infrequent conditions or services warrant study, as when data show a pattern of unexpected adverse outcomes; however, the prevalence of a condition or volume of services involved must be sufficient to permit meaningful study.

QI 19 ~~**New Element**~~ ~~**Revised**~~ ~~from 9/98 version of QISMC~~	**The QAPI program provides opportunities for enrollees to participate in the selection of project topics and the formulation of project goals. OPL 98-72, QISMC requirement 1.4.1.4** **[ ]YES [ ] NO [ ]NOTE**
MOE QI 19	**The ~~organization~~ M+CO must establish some mechanism for obtaining enrollee input into the priorities for its QA program. Possibilities could include enrollee representation on a quality assurance committee or subcommittees or routine inclusion of QAPI issues on the agenda for a general enrollee advisory committee. To the extent feasible, input should be obtained from enrollees who are users of or concerned with specific focus areas; for example, priorities in the area of mental health or substance abuse services should be developed in consultation with users of these services or their families.**
QI 20 ~~**New Element**~~	**The M+CO performs an assessment of the organization's performance for each selected topic is measured using one or more quality indicators. 42 CFR 422.152(d)(7),QISMC requirement 1.4.2** **[ ] MET [ ] NOT MET [ ]NOTE**
MOE QI 20	**Reviewers should note whether quality indicators are: 1.4.2.1** 1. objective, 2. clearly and unambiguously defined, and 3. based on current clinical knowledge or health services research.

MOE QI 20 Cont.	When indicators exist that are generally used within the public health community or the managed care industry and are applicable to the topic, use of those measures is preferred. Each QAPI project must establish one or more quality indicators that will be used to track performance and improvement over time. **Definition:** An indicator is a variable reflecting either a discrete event (an older adult has/has not received a flu shot in the last 12 months) or a status (an enrollee's hypertension is/is not under control). In either case, an indicator must be clearly defined and subject to objective measurement. An organization may adopt standard indicators from outside sources, such as the National Committee for Quality Assurance (NCQA)'s Health plan Employer Data and Information Set (HEDIS) or the Foundation for Accountability's (FACCT) measures, or develop its own indicators on the basis of clinical literature or findings of expert consensus panels. When the organization develops its own indicators, it must be able to document the basis on which it adopted an indicator. It also should be able to show that the process included consultation with affiliated providers and enrollees to assure that measures are meaningful, relevant to the organization's enrolled population, and reflective of accepted standards of practice. An organization is not required to select specific indicators at the outset of a QAPI project. There may be instances in which a project would begin with more general collection and analysis of baseline data on a topic, and then narrow its focus to more specific indicators for measurement, intervention, and reevaluation. The success of the project will be assessed in terms of the indicators ultimately selected.
QI 21 ~~**New Element**~~ ~~**Revised**~~ ~~from 9/98 version of QISMC~~	**Indicators selected for a topic in a clinical focus area (under standard 1.3.4) include at least some measure of change in health status or functional status or process of care proxies for these outcomes. Indicators may also include measures of the enrollee's experience of and satisfaction with care.** **42 CFR 422.152(d)(7)(ii),QISMC requirement 1.4.2.3** **[ ] MET [ ] NOT MET [ ]NOTE**
MOE QI 21	**Reviewers should check to be sure that all indicators measure changes in:** **1**. ~~changes in~~ health status, or 2. functional status, or 3. enrollee satisfaction (or valid proxies of these outcomes). Measures of processes are used as a proxy for outcomes only when those processes have been established, through published studies or a consensus of

	relevant practitioners, to be significantly related to outcomes. At a minimum, the organization must be able to demonstrate that there is a consensus among relevant practitioners with expertise in the defined area as to the importance of a given process.
QI 22 ~~**New Element**~~	**The organization selects some indicators for which data are available that allow comparison of the organization's performance to that of similar organizations or to local, state, or national benchmarks.** **OPL 98-72, QISMC requirement 1.4.2.4** **[ ] YES [ ] NO [ ]NOTE**
MOE **QI 22**	As is discussed under standard 1.4.4, demonstrable improvement may be defined either as reaching a prospectively set benchmark or as improving performance by a fixed percentage amount.–Whenever possible then, an organization should select indicators for which data are available on the performance of other comparable organizations (or other components of the same organization), or for which there exist local or national data for a similar population in the fee-for-service sector.

QI 23 ~~**New Element**~~	**Data collection and methodology. Assessment of the organization's performance on the selected indicators is based on systematic, ongoing collection and analysis of valid and reliable data.** ~~**(NOTE: This will not be evaluated prior to July 2000).**~~ ~~Assessment of compliance with this standard will be coordinated with review of the organizations information systems under standard 1.5.~~ ~~42 CFR 422.152(d)(8), QISMC requirement 1.4.3~~ **[ ] MET [ ] NOT MET [ ]NOTE**
MOE **QI 23**	Assessment of compliance with this standard will be coordinated with review of the organizations information systems under standard 1.5. 42 CFR 422.152(d)(8), QISMC requirement 1.4.3
QI 24 ~~**New Element**~~	**The organization establishes a baseline measure of its performance on each indicator, measures changes in performance, and continues measurement for at least one year after a desired level of performance is achieved. OPL 98-72, QISMC requirement 1.4.3.1** **[ ] YES [ ] NO [ ]NOTE**
MOE **QI 24**	~~For the purposes of this interim tool, reviewers need only verify that M+CO's have begun collecting baseline data. The remainder of this element will be evaluated by the review PROS upon completion of the QAPI project.~~ Documentation of completed QAPI projects must include a detailed account of the data collection methodology used and the procedures through which the organization has assured that the data are valid and reliable.

QI 25 ~~**New Element**~~	**The M+CO must demonstrate that its interventions result in significant demonstrable improvement in its performance as evidenced in repeat measurements of the quality indicators specified for each performance improvement project undertaken by the organization.** **42 CFR 422.152(b)(2), 422.152(d)(9) (~~This element will not be evaluated prior to July 2000~~),QISMC requirement 1.4.4** **[ ] MET [ ] NOT MET [ ]NOTE**
QI 26 ~~**New Element**~~	**The M+CO must demonstrate that the sample or subset of the study population shall be obtained through random sampling and or other HCFA approved sampling methods.** **OPL 98-72, QISMC requirement 1.4.4.2.1** **[ ] YES [ ] NO [ ]NOTE**
QI 27 ~~**New Element**~~	**The M+CO must demonstrate that the samples used for the baseline and repeat measurements of the performance indicators shall be chosen using the same sampling frame and methodology.** **OPL 98-72, QISMC requirement 1.4.4.2.2** **[ ] YES [ ] NO [ ]NOTE**

MOE **QI 25-** **QI 27**	Determine if the same method will be used pre and post study. In order to accurately measure improvement, it is essential that the measures of performance before and after the organization's interventions be comparable. The same methods for identifying the target population and for selecting individual cases for review must be used for both measurements.
QI 28 ~~**New Element**~~	**The M+CO demonstrates sustained improvements in performance described in 1.4.4 for at least one year after the improvement in performance is first achieved. Sustained improvement is documented through the continued measurement of quality indicators for at least one year after the performance improvement project described in 1.4.4 is completed.** **42 CFR 422.152(d)(9) (~~This will not be evaluated prior to July 2000.~~),QISMC requirement 1.4.5** [ ] MET [ ] NOT MET [ ]NOTE
MOE **QI 28**	**Sources of information** The QA program must routinely collect and interpret information from all parts of the organization, to identify areas of clinical concern, health delivery system issues, and issues in member services. Types of information to be reviewed include: Population information. Data on enrollee characteristics relevant to health risks or utilization of clinical and non-clinical services, including age, sex, race/ethnicity/language, and disability or functional status.

	Performance measures. Data on the organization's performance as reflected in standardized measures, including, when possible: local, state, or national information on performance of comparable organizations. Other utilization, diagnostic, and outcome information. Data on utilization of services, procedures, medications and devices; admitting and encounter diagnoses; adverse incidents (such as deaths, avoidable admissions, or readmissions); and patterns of referrals or authorization requests. External data sources. Data from outside organizations, including Medicare or Medicaid fee-for-service data, data from other health plans, and local or national public health reports on conditions or risks for specified populations. (In newly formed organizations, or organizations serving a new population, external data may be the major source of potential project topics.) Enrollee information on their experiences with care. Data from surveys (such as the Consumer Assessment of Health Plans Study, or CAHPS), information from the grievance and appeals processes, and information on disenrollments and requests to change providers.
	HEALTH INFORMATION SYSTEM
QI 29 ~~**New Element**~~	**The M+CO must maintain a health information system that collects, integrates, analyzes, and reports data necessary to implement its QAPI program. 42 CFR 422.152(d)(8) ,QISMC requirement 1.5** **[ ] MET [ ] NOT MET [ ]NOTE**
MOE **QI 29**	**E**very organization should be able to collect and integrate data from all components of its network, in order to develop a comprehensive picture of enrollee needs and utilization, including changes in these over time. It should be able to use these data in its quality assessment and performance improvement program, as well as in other management activities. Although an encounter data system may often be the most efficient means of meeting the requirements of this standard, the organization may use any methods or procedures for data collection, so long as it can demonstrate that its system achieves the objectives of this standard. The organization must be able to document that each of its QAPI activities is based on complete and valid information, however this information is compiled. This requirement includes the M+CO's ability to collect,, and reports HEDIS data.
QI 30 ~~**New Element**~~	**The M+CO's information system must be capable ~~if~~ of collecting the following types of data: enrollee and provider characteristics, services furnished to enrollees, data as needed to guide the selection of performance improvement project topics (standard 1.4.1) and to meet the data collection requirements for performance improvement projects (standard 1.4.3). 42 CFR 422.152(d)(8),QISMC requirement 1.5.1** [ ] MET [ ] NOT MET [ ]NOTE
MOE **QI 30**	Measurement of compliance with this standard will be an integral part of assessment of compliance with standards 1.4.1 and 1.4.3.

MOE QI 30 Cont.	organizations using physician incentive plans An organization that adopts a physician incentive plan that places physicians at substantial financial risk (as defined in 42 CFR 422.208(d)) for the care of Medicare enrollees must include in its QA program continuous monitoring of the potential effects of the incentive plan on access or quality of care. This monitoring should include: 1. assessment of the results of surveys of enrollees and former enrollees required under 42 CFR 422.479(h) 2. review of utilization data to identify patterns of possible underutilization of services that may be related to the incentive plan (such as low rates of referral services ordered by physicians at risk for the cost of such services). 3. 3. Concerns identified as a result of this monitoring should be considered in development of the organization's focus areas for QAPI projects. Sources of data which could be utilized as part of this process include the HEDIS measure labeled Selected Procedures, and other relevant measures contained within the Use of Services Domain. Topic selection. The system must provide information needed to identify priority areas for quality improvement. Ideally, an organization's system should be able to generate such information: I. Longitudinal profiles of treatment or services furnished to enrollees with a specific diagnosis; II. Profiles of referral services ordered by each primary care practitioner; III. Statistical reports on the prevalence of different conditions or diagnoses among a specific group of enrollees, such as Medicare beneficiaries;. IV. Prescription medication usage by type of enrollee, by diagnosis, or by prescribing practitioner. However, review will focus not on these general system capacities, but on the specific methods adopted for prioritizing topics and on the extent to which the method was applied using valid data. Data collection for QAPI projects. The organization must be able to collect valid baseline and follow-up measurements for quality indicators selected for QAPI projects. The organization must be able to show how each process was performed and be able to show that all reasonable steps have been taken to ~~assure~~ ensure that the data are complete, accurate and reliable. Any project for which an organization cannot demonstrate compliance with this standard cannot be counted towards the requirements of standard 1.3.2 or 1.3.3 for completed projects in identified focus areas.
QI 31	~~**The M+C organization ensures that information and data received from providers are accurate, timely and complete to best knowledge, information and belief. The M+CO must have an ongoing process for assuring the accuracy and completeness of the data, whether compiled in its own facilities or reported by outside contractors.**~~ **The MCO ensures that information and data received from providers to implement the MCO's QAPI program are accurate, timely and complete. 42 CFR 422.152(d)(8),QISMC requirement 1.5.2** **[**] MET [ ] NOT MET [ ]NOTE
QI 32	**The M+CO ~~organization~~ reviews reported data for accuracy, completeness, logic, and consistency.** **42 CFR 422.152(d)(8),QISMC requirement 1.5.2.1** [ ] MET [ ] NOT MET [ ]NOTE
MOE QI 32	If the organization receives individual encounter data directly from providers: **Review:**

	Is there a system for comparing reported data to a sample of medical records, to verify the accuracy of reporting or transmission. The objective is to ~~assure~~ ensure that, to the extent feasible, there is a one-to-one correspondence between items included in an organization's summary data and specific services entered in medical records or equivalent source documents. (That is, no reported service was not performed, and no service performed was not reported.) `If the organization receives aggregate information, instead of individual patient encounter reporting, from any provider:` **Review:** The organization must approve the provider's own system for collecting, recording, aggregating, and reporting the data, and must ~~assure~~ ensure that the provider has its own mechanisms for validation. **`Also review:`** 1.Identified deficiencies in reported data must be addressed through provider education or other corrective action. 2.The organization's process for recredentialing or recontracting with practitioners and providers, under standard 3.5, must specify the actions to be taken in the event of ongoing failure by a contractor to meet the organization's health information standards. 3.The organization, or any contractor developing aggregate data from individual encounter reporting, must have mechanisms to ~~assure~~ ensure that reported data contain all data elements required by the organization's standards. Data must be subject to logic edits to assure, for example, that reported services are consistent with the place of service or type of provider; that the number of services performed is consistent with the span of time (e.g., 20 physician hospital visits in a 2-day span of time is a potential inconsistency); or that procedures or diagnoses applicable only to enrollees of a particular age or sex are not reported for other enrollees. Finally, the integrity of data entry must be ~~assured~~ ensured, through double keying or other recognized methods.
QI 33	**The M+CO must ensure that service data are collected in standardized formats to the extent feasible and appropriate.** **OPL 98-72, QISMC requirement 1.5.2.2** ~~Note: The Health Insurance Portability and Accountability Act of 1996 includes data standardization provisions that will apply to health plans and providers. Until these requirements take effect, each organization remains free to specify its own standard formats. However, because national standardization is forthcoming, an organization should have a plan for progressing toward commonly accepted data formats as rapidly as possible. In the interim, the use of organization-specific formats has a bearing on evaluation of the organization's compliance with other standards in this section. For example, an organization may need to validate data from contractors more carefully than it would if contractors could use the coding they routinely use in reporting to other payers. In addition, the plan may have difficulty calculating and reporting standardized performance measures that are keyed to non-standard coding.~~ [ ] YES [ ] NO [ ]NOTE
MOE QI 33	Standard formats are needed to ~~assure~~ ensure that data elements are reported uniformly by all providers, and that reports from multiple sources are comparable and can be reliably merged into more comprehensive reports. Verification of conformity to the organization's standards should be included

~~Revised from 9/98 version of QISMC~~	in the validation required under standard 1.5.2.1. Note: The Health Insurance Portability and Accountability Act of 1996 includes data standardization provisions that will apply to health plans and providers. Until these requirements take effect, each organization remains free to specify its own standard formats. However, because national standardization is forthcoming, an organization should have a plan for progressing toward commonly accepted data formats as rapidly as possible. In the interim, the use of organization-specific formats has a bearing on evaluation of the organization's compliance with other standards in this section. For example, an organization may need to validate data from contractors more carefully than it would if contractors could use the coding they routinely use in reporting to other payers. In addition, the organization may have difficulty calculating and reporting standardized performance measures that are keyed to non-standard coding.
	ADMINISTRATION OF THE QAPI PROGRAM
QI 34 ~~Revised from 9/98 version of QISMC~~	**The organization's QAPI program must be administered through clear and appropriate administrative arrangements.** **OPL 98-72, QISMC requirement 1.6/1.6.1** [ ] YES [ ] NO [ ]NOTE
MOE **QI 34**	**Review/Determine:** 1. The organization demonstrates that clearly identified individuals or organizational components are responsible for each aspect of QAPI activity and that effective organizational structures are in place to assure communication and coordination. 2. The organization's QA program description shows the role, structure, staffing, and function of each participating component and the interrelations among components. 3. There is evidence that the committee or other coordinating structure is effectively functioning. Meetings should be held at appropriate intervals and adequately attended. There should be evidence that issues raised are appropriately followed up in subsequent meetings or through other means, and that deliberations lead to actual directions to committee staff, other organization personnel, and/or affiliated providers.
QI 35	**The M+CO must establish a policy making body that oversees and is accountable for the QAPI program.** **OPL 98-72, QISMC requirement 1.6.1.1** [ ]YES [ ] NO [ ]NOTE

MOE QI 35	**Definition:** The policy making body is defined as the governing body of the organization or a committee of senior executives that exercises general oversight over the organization's management, policies, and personnel. The policy making body as a whole may oversee the QA program, or it may designate a committee to perform this function. **Review/Determine:** There is evidence that the policy making body: 1. approves changes in the QA program description, 2. approves the annual workplan. 3. receives and reviews periodic reports on QAPI activities. 4. reviews the annual evaluation required under standard 1.6.2 and takes action on any resulting recommendations.
QI 36	**The M+CO maintains a designated senior official who is responsible for QAPI program administration.** **OPL 98-72, QISMC requirement 1..6.1.2** [ ]YES [ ] NO [ ]NOTE

MOE QI 36	**Review/Determine:** There must be a single official responsible for the overall functioning of the QAPI program. This may be the organization's chief executive officer, chief medical officer or director, or another senior official who has direct authority to commit organizational resources to the QAPI effort. If the responsible official is not the chief medical officer, the organization must show, through the QAPI program description or other documentation, that the chief medical officer has substantial involvement in QAPI activities, including participation in meetings of the committee or other coordinating structure. Some organizations have a separate official who performs the functions of a medical director for mental health and substance abuse services; it is acceptable for this officer to oversee QAPI activities in these areas.
QI 37	**The M+CO must ensure that employed or affiliated providers and consumers actively participate in the QAPI program.** **OPL 98-72, QISMC requirement 1.6.1.3** [ ]YES [ ] NO [ ]NOTE
MOE QI 37	**Review/Determine:** All contracts with providers must require participation in QAPI activities, including provision of access to medical records and cooperation with data collection activities. If affiliated providers are not represented on the organization's QAPI committee or other core coordinating structure, there must be a clinical subcommittee or other advisory group to assure that clinicians actively participate in key activities, including: selecting and prioritizing QAPI projects, developing indicators, analyzing study results, identifying and proposing solutions to problems, and aiding in communication of QAPI activities and results to other providers.

	Note that consumer involvement in establishment of QAPI program priorities is required under standard 1.4.1.4. This standard does not create an additional requirement, but merely emphasizes that consumer input should be sought from the very outset of the organization's QAPI program planning.
QI 38	**The M+CO ensures that there is formal and ongoing communication and collaboration among the policy making body that oversees the QAPI program and the other functional areas of the organization, e.g., health services management and member services.** **OPL 98-72, QISMC requirement 1.6.1.4** [ ] YES [ ] NO [ ]NOTE
MOE **QI 38**	**I**nteraction with the QAPI program is specifically referred to in the following standards or related guidelines: I . 2.4, Resolution of enrollee issues II. 3.3.2, Service authorization process III. 3.4.1, Development of practice guidelines IIIV. 3.5.1.2, Recredentialing of practitioners.
QI 39	**The M+CO ~~organization~~ formally evaluates, at least annually, the effectiveness of the QAPI program strategy, and makes necessary changes.** **OPL 98-72, QISMC requirement 1.6.2** [ ] YES [ ] NO [ ]NOTE
MOE **QI 39**	**`Review/Determine:`** The evaluation: 1. Assesses both progress in implementing the QAPI strategy and the extent to which the strategy is in fact promoting the development of an effective QAPI program. 2. considers whether activities in the organizations work plan are being completed on a timely basis or whether commitment of additional resources is necessary. 3. includes recommendations for needed changes in program strategy or administration. These recommendations must be forwarded to and considered by the policy making body of the organization (see standard 1.6.1.1). Note that this standard does not require that an organization make major revisions in its QAPI strategy each year.